Response to Office Action of October 29, 2007

SUBSTITUTE SPECIFICATION (Marked-Up Version)

SYSTEM FOR TOPICAL NERVE DIAGNOSIS AND NEUROANATOMICAL

STUDY

FIELD OF THE INVENTION

The present invention relates to a system for topical nerve diagnosis and neuro-

anatomical study with the use of a computer.

BACKGROUND ART

In a conventional topical nerve diagnosis, a medical physician presumes respon-

sible associated nerve pathways which will cause symptoms of abnormality in neural

functions such as motor paralysis, perception disorder such as numbness, accommoda-

tion disorder in diaphoresis or blood pressure, abnormality in balance or muscle tone,

and abnormality in allophasis or tendon reflex from based on a neural finding with re-

spect to a patient, and decides a responsible an associated lesion based on which causes

the symptom can be explained.

In this case, the medical physician must decide the responsible associated lesion

by the use of using his (or her) own knowledge of neuroanatomy while imaging with his

(or her) imagination of responsible associated nerve pathways relating to neural finding-

items from which such related to the abnormal neural findings are deduced as well as of

mutual physical positional relations of these responsible those associated nerve path-

ways. However, knowledge of neuroanatomy required for such diagnostic operation

diagnosis is an enormous amount, so that it is difficult to memorize perfectly the con-

tents of neuroanatomy.

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Hence, in a conventional topical nerve diagnosis, a responsible an associated le-

sion has been decided on the basis of physician's experience and gut feel, so that there

was a case where an incorrect diagnosis was made.

Furthermore, medical students are required in [[a]] learning of neuroanatomy to

read thoroughly books of neuroanatomy, to understand details of nerve pathway dia-

grams, besides details of nerve pathway cut surface diagrams in respective specified re-

gions of cerebrum, brainstem, spinal cord and the like, and to memorize correctly them.

However, nerve pathway diagrams and nerve pathway cut surface diagrams are very

complicated, and an amount of information derived therefrom and to be memorized is

enormous amount. Accordingly, it was very difficult in general to memorize correctly

such information. (For embodiment example, see "SHINKEI SHINDANGAKU

NYUMON (Principles of Neurologic Diagnosis)" authored by Erwin B. Montogomery,

Michael Wall, and Victor W. Henderson; translated by supervision of Shunsaku Hirai;

published from Medical Science International; May 1987; and "RINSHOH NO

TAMENO SHINKEIKINOU KAIBOHGAKU (Neurological Function Anatomy for

Clinic)" authored by Fumio Gotoh and Takahiro Amano; published from Chuhgai

Igaku-sha; 1996)

DISCLOSURE OF THE INVENTION

It is an object of the present invention to provide a system in which a enabling

medical physician can make physicians to rapidly and correctly make a topical nerve

diagnosis without relying upon his (or her) own experience and gut feel.

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It is another object of the present invention to provide a system in which enabling medical student can students to easily understand easily nerve pathway diagrams and nerve cut surface diagrams in neuroanatomy, and memorize efficiently the contents thereof.

In order to achieve those objects, the present invention provides a topical nerve diagnostic system with the use of a computer, comprising a whole nerve pathway diagram data recording unit first data recording part for storing data of a whole nerve pathway diagrams diagram; a nerve finding data input unit first input part for receiving input data of normal finding or abnormal finding data input with respect to respective neural finding findings items; a responsible nerve pathway data extraction unit first data extraction part for extracting data for drawing a responsible associated nerve pathway pathways relating to neural finding items being in related to an abnormal neural finding findings from the data stored in the whole nerve pathway diagram data recording unitbased on the the first data recording part according to neural finding data received in inputted through the nerve finding data input unit first input part; a display unit display; a whole nerve pathway indication unit part for displaying a whole nerve pathway diagram on said display unit display based on the data stored in the whole nerve pathway diagram data recording unit first data recording part; a responsible an associated nerve pathway indication unit part for displaying a responsible drawing associated nerve pathway pathways in the whole nerve pathway diagram displayed on the display unit display by the whole nerve pathway indication unit based on the data extracted by the responsible nerve pathway data extraction unit first data extraction part; and a responsible an associated lesion estimation/indication unit for presuming estimation and indication part calculating a position of a responsible each of associated lesion lesions and in-

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dicating the associated lesions in the whole nerve pathway diagram based on the responsible associated nerve pathway pathways displayed drew on the display unit display by the responsible associated nerve pathway indication unit part.

According to a preferred embodiment of the present invention, the data stored in the whole nerve pathway diagram data recording unit first data recording part contains data of at least names of nerve nuclei and positions of respective nerve nuclei thereof in the whole nerve pathway diagram, data of connection relations in of the respective nerve nuclei, and data of curves or and straight lines representing nerve fascicles for connecting which connect the nerve nuclei with each other.

According to another preferred embodiment of the present invention, the responsible nerve pathway data extraction unit first data extraction part is adapted to extract extracts from the first data recording part, data of relevant names of associated nerve nuclei and positions of nerve nuclei thereof in the whole nerve pathway diagram, relevant data of connection relations of in the respective the associated nerve nuclei, and data of curves or and straight lines representing nerve fascicles which connect for connecting the relevant the associated nerve nuclei with each other from the whole nerve pathway diagram data recording unit in every neural finding items exhibiting abnormal findings when a neural finding is an abnormal neural finding.

According to a further preferred embodiment of the present invention, the responsible associated lesion estimation/indication unit is adapted to estimation and indication part detect detects a region where responsible associated nerve pathways displayed on the display unit display intersect with each other and a region where the responsible associated nerve pathways approach one another in the closest relation each

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other at closest distance, and presume presumes the detected region regions detected to be a responsible associated lesion lesions thereby so as to display the responsible associated lesion in the whole nerve pathway diagram on the display unit display.

According to a still further preferred embodiment of the present invention, the topical nerve diagnostic system includes a nerve pathway cut surface data recording unit second data recording part for storing cut surface data in a of specified region regions in the of the whole nerve pathway diagram; a cut surface display region selection data input unit second input part for receiving selection input data of selection as to input of a specified region in which a cut surface of which region is to be displayed indicated in the whole nerve pathway diagram displayed on said display unit display; a second responsible nerve pathway data extraction unit data extraction part for extracting data for drawing a responsible associated nerve pathway pathways relating to a neural finding item to be in related to an abnormal neural finding findings onto in a cut surface of a relevant specified region from the data stored in the nerve pathway cut surface data recording unit second data recording part based on according to both the data received by inputted through the cut surface display region selection data input unit second input part and the data received by inputted through the nerve finding data input unit first input part; a nerve pathway cut surface indication unit part for extracting relevant associated cut surface data from the data stored in the nerve pathway cut surface data recording unit second data recording part based on according to the data received by saidcut surface display region selection data input unit inputted through said second input part thereby so as to display the relevant the associated cut surface; a second responsible associated nerve pathway indication unit for displaying a responsible part drawing associated nerve pathway pathways in the nerve pathway cut surface displayed by the nerve

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pathway cut surface indication unit part based on the data extracted by the second responsible nerve pathway data extraction unit data extraction part; and a second responsible associated lesion estimation/indication unit for presuming estimation and indication part calculating a position of a responsible each of associated lesion lesions in the relevant the associated cut surface based on the responsible associated nerve pathway pathways displayed on the display unit display by the second responsible associated nerve pathway indication unit part thereby so as to display the responsible associated lesion lesions presumed in said relevant the associated cut surface.

According to an yet further preferred embodiment of the present invention, the data stored in the nerve pathway cut surface data recording unit second data recording part contains data of relevant respective names of nerve nuclei and positions of nerve nuclei thereof in the cut surface, data of connection relations in relevant of respective nerve nuclei, and data of curves of and straight lines representing nerve fascicles for connecting which connect the relevant associated nerve nuclei with each other in said the every cut surfaces.

According to a still further preferred embodiment of the present invention, the second responsible nerve pathway data extraction unit data extraction part is adapted to extract extracts from said second data recording part, data of relevant respective names of associated nerve nuclei and positions of nerve nuclei thereof in the cut surface, data of connection relations in relevant respective of the associated nerve nuclei, and data of curves or and straight lines representing nerve fascicles for connecting which connect the relevant associated nerve nuclei with each other from the relevant cut surface data-stored in the nerve pathway cut surface data recording unit second data recording part in every when a neural finding items to be in is an abnormal neural findings finding.

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According to a further preferred embodiment of the present invention, the second responsible associated lesion estimation/indication unit is adapted to estimation and indication part detect detects a region where responsible associated nerve pathways displayed on the display unit display intersect with each other and a region where the responsible associated nerve pathways approach one another in the closest relation, each other at closest distance, and presume presumes the detected region regions detected to be a responsible associated lesion lesions thereby so as to display the responsible associated lesion lesions presumed in the cut surface.

According to an yet further preferred embodiment of the present invention, the topical nerve diagnostic system includes a screen page switchover unit part for switching over a screen page of between said a screen page of the whole nerve pathway diagram in the display unit to and a screen page of a cut surface in of a specified region of the whole nerve pathway diagram.

According to a still further preferred embodiment of the present invention, the neural finding findings items include oculomotor restriction, inferior oculomotor restriction, jaw reflex acceleration, impaired facial tactual sensation, impaired facial pain/temperature sensation, corneal areflexia, exterior oculomotor restriction no, upper facial paralysis, lower facial paralysis, impaired taste, lowered pharyngeal reflex/swallowing difficulty, impaired pharyngeal sound dysphemia, lingual muscle paralysis/impaired lingual sound dysphemia, sternocleidomastoid paralysis, impaired upper limb pain/temperature sensation, impaired upper limb deep sensation, upper limb motor paralysis, superior limb tendon reflex, impaired trunk pain/temperature sensation, impaired trunk deep sensation, impaired lower

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limb pain/temperature sensation, inferior bathyesthesia disorder, lower limb motor paralysis, inferior limb tendon reflex, and Babinski reflex.

According to an yet further preferred embodiment of the present invention, the data stored in the whole nerve pathway diagram data recording unit first data recording part contains at least data of names of spinal roots, muscles and skin areas and positions of respective spinal roots, respective muscles and respective skin areas thereof in the whole nerve pathway diagram, data of connection relations in of the respective spinal roots and the respective muscles, and data of curves or and straight lines representing nerve fascicles for connecting which connect the respective spinal roots with the respective skin muscles as well as data of connection relations in of the respective spinal roots and the respective skin areas, and curves or and straight lines for connecting which connect the respective spinal roots with the respective skin areas.

According to a further preferred embodiment of the present invention, the responsible nerve pathway data extraction unit first data extraction part is adapted to extract extracts from the first data recording part data of relevant names of associated spinal roots, associated muscle and associated skin areas and positions of spinal roots, muscles and skin areas thereof in the whole nerve pathway diagram, relevant data of connection relations in of the respective associated spinal roots and the respective associated muscles, and data of curves or and straight lines representing nerve fascicles for connecting which connect the relevant respective associated spinal roots with the respective associated skins skin areas as well as data of relevant connection relations in of the respective associated skin areas, and data of curves or and straight lines for connecting which connect the relevant associated respective spinal roots with the respective associated skin areas, and data of curves or and straight lines for connecting which connect the relevant associated respective spinal roots with the respective associated skin areas from the whole nerve-

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pathway diagram data recording unit in every when a neural finding items which are to be in is an abnormal neural findings finding.

According to a still further preferred embodiment of the present invention, the responsible associated lesion estimation/indication unit is adapted to estimation and indication part detect detects a region where responsible associated nerve pathways displayed on the display unit display overlap with each other at the highest degree, and presume the detected region detected to be a responsible an associated lesion thereby so as to display the responsible associated lesion presumed in said the whole nerve pathway diagram on the display unit display.

According to an yet further preferred embodiment of the present invention, the topical nerve diagnostic system includes further a third responsible associated lesion estimation/indication unit excluding a responsible estimation and indication part removing an associated nerve pathway part corresponding to nerve fascicles for connecting which connect a muscle or a skin region area in which which is related to data of finding data input comes to be a normal finding findings with the associated spinal roots relating thereto from the responsible associated nerve pathways displayed drew in said the whole nerve pathway diagram on the display unit display by means of said responsible associated lesion estimation/indication unit estimation and indication part in the case when data of an abnormal neural finding of the finding data input as to abnormality of respective the muscles or respective the skin regions areas which are related to relating to the responsible the associated nerve pathways is received by inputted through said nerve finding data input unit first input part.

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According to a still further preferred embodiment of the present invention, the neural finding findings items include findings with respect to muscle force muscle strength related to movement of joints and perception disorder in respective muscle and of skin areas regions relating to movements of respective articulations.

In order to achieve the above-mentioned objects, the present invention provides a neuroanatomy learning system with the use of a computer, characterized by having a nerve pathway cut surface data recording unit second data recording part for recording cut surface data in at least one region of cerebrum and mesencephalon, at least one region of pons, at least one region of medulla oblongata, and at least one region of spinal cord, respectively, in a whole pathway diagram; a display unit display; a nerve pathway cut surface indication unit part for displaying cut surfaces of at least one region of the cerebrum and the mesencephalon, at least one region of the pons, at least one region of the medulla oblongata, at least one region of the medulla oblongata, and at least one region of the spinal cord, respectively, in this order based on the data stored in the nervepathway cut surface data recording unit second data recording part; a nerve pathway selection data input unit part for receiving selection data input of nerve pathways to be displayed on the display unit display; a nerve pathway data extraction unit part for extracting data for drawing relevant nerve pathways from the data stored in the nervepathway cut surface data recording unit second data recording part based on the data received by the nerve pathway selection data input unit part in every nerve pathway cut surfaces; a nerve pathway indication unit part for displaying relevant nerve pathways in a nerve pathway cut surface displayed by the nerve pathway cut surface indication unit part based on the data extracted by the nerve pathway data extraction unit part; a nerve pathway cut surface selection data input unit part for receiving selection data input for a

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pathway cut surfaces displayed on the display unit display by means of the nerve pathway cut surface indication unit part; an individual nerve pathway cut surface data extraction unit part for extracting data for drawing a relevant nerve pathway cut surface from the data stored in the nerve pathway cut surface data recording part based on the data received by the nerve pathway cut surface selection data input unit part; an individual nerve pathway cut surface indication unit part for displaying a relevant nerve pathway cut surface on the display unit display based on the data extracted by the individual nerve pathway cut surface data extraction unit part; and a nerve pathway-nerve nucleus name indication unit part for displaying a name of a nerve pathway or a nerve nucleus which is selected in the nerve pathway cut surface displayed on the display unit display by means of the individual nerve pathway cut surface indication unit part.

According to a preferred embodiment of the present invention, the data stored in the nerve pathway cut surface data recording unit second data recording part contains data of relevant names and positions of nerve nuclei in the cut surfaces, relevant connection relations in the nerve nuclei, and curves or straight lines representing nerve fascicles for connecting relevant nerve nuclei with each other, and names of relevant nerve pathway and positions in the cut surfaces in every cut surfaces.

According to another preferred embodiment of the present invention, at least one region of the mesencephalon consists of the upper part of the mesencephalon and the lower part of the mesencephalon, at least one region of the pons consists of the upper, the middle, and the lower parts of the pons, at least one region of the medulla oblongata consists of the upper part, the upper-middle part, the middle, the middle-lower part, and

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the lower part of the medulla oblongata, and at least one region of the spinal cord con-

sists of a cervical segment, a thoracic segment, and a lumbar segment.

BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 is a block diagram illustrating of a topical nerve diagnostic system ac-

cording to an embodiment of the present invention.

Fig. 2 is a diagram showing an embodiment example of a neural finding data-

input a screen page for inputting neural finding data.

Fig. 3 is a diagram showing an embodiment example of a neural finding data-

input a screen page for inputting neural finding data.

Fig. 4 is a diagram showing an embodiment example of a neural finding data-

input a screen page for inputting neural finding data.

Fig. 5 is a diagram showing an embodiment example of a neural finding data-

input a screen page for inputting neural finding data.

Fig. 6 is a diagram showing an embodiment example of a neural finding data

input a screen page for inputting neural finding data.

Fig. 7 is a diagram showing an embodiment example of a neural finding data

input a screen page for inputting neural finding data.

Fig. 8 is a diagram showing an embodiment example of a neural finding data-

input a screen page for inputting neural finding data.

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Fig. 9 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 10 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 11 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 12 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 13 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 14 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 15 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 16 is a view showing an embodiment example of a whole nerve pathway diagram in which responsible with associated nerve pathways are indicated therein.

Fig. 17 is a block diagram illustrating of a neuroanatomy learning system according to an embodiment of the present invention.

Fig. 18 is a diagram showing an embodiment of a nerve pathway selection data input a screen page for selection of nerve pathways in the system shown in Fig. 17.

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Fig. 19 is a view showing a part of a series of nerve pathway cut surfaces inwhich with a nerve pathway is indicated therein.

Fig. 20 is a view showing a part of a series of nerve pathway cut surfaces in which with a nerve pathway is indicated therein.

Fig. 21 is a view showing a part of a series of nerve pathway cut surfaces in which with a nerve pathway is indicated therein.

Fig. 22 is a view showing a part of a series of nerve pathway cut surfaces in which with a nerve pathway is indicated therein.

Fig. 23 is a view showing a part of a series of nerve pathway cut surfaces in which with a nerve pathway is indicated therein.

Fig. 24 is a view showing a part of a series of nerve pathway cut surfaces in which with a nerve pathway is indicated therein.

Fig. 25 is a view showing a part of a series of nerve pathway cut surfaces in which with a nerve pathway is indicated therein.

Fig. 26 is a view showing an embodiment example of an-individual enlarged view views of the nerve pathway cut surfaces.

Fig. 27 is a diagram showing an embodiment example of a neural finding data input a screen page for inputting neural finding data.

Fig. 28 is a diagram showing an embodiment example of a neural finding data input a screen page for inputting neural finding data.

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Fig. 29 is a view showing segments of a skin area.

Fig. 30 is a view showing an embodiment example of a whole nerve pathway

diagram in which responsible with associated nerve pathways are indicated therein.

BEST MODE FOR CARRYING OUT THE INVENTION

In the following, preferred embodiments of the present invention will be de-

scribed by referring to the accompanying drawings. Fig. 1 is a block diagram illus-

trating of a topical nerve diagnostic system according to an embodiment of the present

invention. The topical nerve diagnostic system is that utilizes a computer and operates

independently in two modes of a central topical nerve diagnosis mode and a peripheral

topical nerve diagnosis mode.

Referring to Fig. 1, the topical nerve diagnostic system involves a whole nerve-

pathway diagram data recording unit first data recording part 1 for storing data of the a

whole nerve pathway diagram. The data stored in the whole nerve pathway diagram-

data recording unit first data recording part 1 contains at least data of respective names

of nerve nuclei and positions of nerve nuclei thereof in the whole nerve pathway dia-

gram, data of connection relations in of the respective nerve nuclei, and data of curves

or and straight lines representing nerve fascicles for connecting which connect nerve

nuclei with each other for the purpose of diagnosis of central neural system, while at-

least data of names of spinal roots, muscles and skin area and positions thereof in the

whole nerve pathway diagram of respective spinal roots, respective muscles and respec-

tive skin areas, data of connection relations between of the respective spinal roots and

the respective muscles, and data of curves or and straight lines representing nerve fasci-

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cles for connecting which connect the spinal roots with the muscles, respectively, as well as data of connection relations of the spinal roots and the skin areas, and data of curves and straight lines representing nerve fascicles for connecting which connect the respective-spinal roots with the respective-skin areas for the purpose of diagnosis of peripheral neural system.

In the present embodiment, the names of the skin areas and the positions thereof in the whole nerve pathway diagram of the respective skin areas are previously determined from the results obtained by superposing a spinal rooting sense dominant diagram to a peripheral neural sense dominant diagram as shown in Fig. 29.

The system of the present invention is further provided with a nerve finding data input unit first input part 2 for receiving input for data of normal finding or abnormal finding with respect to respective neural finding findings items, a responsible nerve pathway data extraction unit first data extraction part 3 for extracting data for drawing aresponsible an associated nerve pathway relating related to [[a]] abnormal neural finding findings item which becomes an abnormal finding from the data stored in the wholenerve pathway diagram data recording unit first data recording part 1 on the basis of the data received in inputted through the nerve finding data input unit first input part 2, and a display unit display 4.

The nerve finding data input unit first input part 2 displays the data input screen page on the display unit display 4 as shown in Fig. 2 in a central topical nerve diagnosis mode. Referring to Fig. 2, the data input screen page has a form in of a table 20 containing a neural finding item-indication column columns 21 wherein respective neuralfinding items are vertically laid out, and finding data input columns 22 and 23 for each

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differentiations in either a normal finding or an abnormal finding corresponding to a specific neural finding item indicated in the neural finding item indication column 21 ("no" is input in case of a normal finding, while "yes" is input in case of an abnormal finding in the present embodiment). The finding data input columns 22 and 23 consist of the column columns 22 to which finding for input of data relating to the left side of a human body are input and the column columns 23 to which finding for input of data relating to the right side of [[a]] the human body are input.

In this case, the neural finding findings items include oculomotor restriction, inferior oculomotor restriction, jaw reflex acceleration, impaired facial tactual sensation, impaired facial pain/temperature sensation, corneal areflexia, exterior oculomotor restriction no, upper facial paralysis, lower facial paralysis, impaired taste, lowered pharyngeal reflex/swallowing difficulty, impaired pharyngeal sound dysphemia, lingual muscle paralysis/impaired lingual sound dysphemia, sternocleidomastoid paralysis, impaired upper limb pain/temperature sensation, impaired upper limb deep sensation, upper limb motor paralysis, upper limb tendon reflex acceleration no, impaired trunk pain/temperature sensation, impaired trunk deep sensation, level of impaired trunk deep sensation, lower limb motor paralysis, lower limb tendon reflex acceleration no, and Babinski reflex. However, neural finding findings items are not limited to those specified in the present embodiment, but the other neural finding findings items may be added.

Furthermore, the nerve finding data input unit first input part 2 displays data input screen pages as shown in Figs. 27 and 28 on the display unit display 4 in the periph-

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eral topical nerve diagnosis mode. In this case, the data input screen page shown in Fig. 27 is that adapted for inputting neural finding findings data relating to motor nerve system, while the data input screen page shown in Fig. 28 is that adapted for inputting neural finding findings data relating to sensory nerve system.

Referring to Fig. 27, the data input screen page has a form in-of a table 70 containing a glenoid name indication column columns 71 wherein respective glenoid names are vertically laid out, finding data input columns 72 and 73 for each inputting differentiations in either data as to whether a neural finding is a normal finding or an abnormal finding with respect to respective articular movements (such as bending and stretching), more specifically, presence of decrease in muscle force strength in bending, stretching and the like movements as a result of empty-handed muscle force strength test, muscle name indication column columns 74 in which muscle names relating to movements of respective articulations are indicated, and a finding data input column columns 75 for inputting finding data with respect as to whether abnormality in respective the muscles have abnormality or not. Although finding the data with respect as to whether the muscles have abnormality in respective muscles or not can be acquired by means of a variety of well-known manners, they are obtained by, for embodiment example, checking abnormality in electromyograms of respective muscles in the present embodiment. Accordingly, the finding data input columns 75 is in have the form of an electromyogram finding data input columns 75 in the table 70 of Fig. 27.

Next, referring to Fig. 28, the data input screen page is in the form of a human-body plan view plan view of human body 80. The human body plan view plan view of human body 80 is united into a predetermined number of regions (skin areas) as shown in Fig. 29. In this respect, it is arranged in such that when a region where a sensorial

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disorder arises is pointed out by means of, for embodiment example, an appropriate pointing device such as a mouse on the human body plan view plan view of human body 80, data of a name corresponding to of the corresponding skin area and [[a]] its position in the whole nerve pathway diagram are input, so that finding data as to the

sensorial disorder (nerve finding items) in respective of the skin areas are input.

The responsible nerve pathway data extraction unit first data extraction part 3 extracts from the first data recording part 1, data of relevant names of associated nerve nuclei and positions of nerve nuclei thereof in the whole nerve pathway diagram, data of relevant connection relations in the respective of the associated nerve nuclei, and data of curves or and straight lines representing nerve fascicles for connecting relevant which connect the associated nerve nuclei with each other from the whole nerve pathway diagram data recording unit 1 in every neural finding items which exhibit abnormal findings in a central topical nerve diagnosis mode. Furthermore, the responsible nervepathway data extraction unit first data extraction part 3 extracts from the first data recording part 1, data of relevant names of associated spinal roots, associated muscle and associated skin areas and positions of spinal roots, muscles and skin areas thereof in the whole nerve pathway diagram, data of relevant connection relations in the respective of the associated spinal roots and the respective associated muscles, and data of curves or and straight lines representing nerve fascicles for connecting which connect the relevant respective associated spinal roots with the respective associated skins as well as data of relevant connection relations in the respective of the associated spinal roots and the respective associated skin areas, and data of curves or and straight lines for connecting which connect the relevant associated respective spinal roots with the respective associated skin areas from the whole nerve pathway diagram data recording unit 1 in every

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neural finding items which exhibit abnormal findings in a peripheral topical nerve diagnosis mode.

Furthermore, the responsible nerve pathway data extraction unit first data extraction part 3 extracts from the first data recording part 1, data of relevant names of associated spinal roots, associated muscle and associated skin area and positions of spinal roots, muscles and skin areas thereof in the whole nerve pathway diagram, data of relevant connection relations in the respective of the associated spinal roots and the respective associated muscles, and data of curves or and straight lines representing nerve fascicles for connecting the relevant respective which connect the associated spinal roots with the respective associated skins as well as data of relevant connection relations in the respective of the associated spinal roots and the respective associated skin areas, and data of curves or and straight lines for connecting the relevant respective which connect the associated spinal roots with the respective associated skin areas from the whole nerve pathway diagram data recording unit 1 in every neural finding items which exhibit abnormal findings in a peripheral topical nerve diagnosis mode.

The system of the present invention is further provided with a whole nerve pathway indication unit part 5 for displaying the whole nerve pathway diagram on the display unit display 4 based on the data stored in the whole nerve pathway diagram data recording unit first data recording part 1, and a responsible an associated nerve pathway indication unit part 6 for displaying responsible drawing associated nerve pathways in the whole nerve pathway diagram displayed in on the display unit display 4 by the whole nerve pathway indication unit part 5-based on the data extra.

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Fig. 9 shows the whole nerve pathway diagram displayed in on the display unit

display 4, and an embodiment example of responsible associated nerve pathways in the

central topical nerve diagnosis mode. In Fig. 9, only an outline of the whole nerve

pathway diagram, nerve nuclei, and responsible associated nerve pathways are shown

for the clarity. In Fig. 9, the reference numeral 30 designates a nerve nucleus, and the

reference numeral 31 designates a responsible an associated nerve pathway displayed by

the responsible associated nerve pathway indication unit part 6.

It is preferred that the whole nerve pathway diagram and each of the responsible

associated nerve pathway pathways as well as different responsible nerve pathways

themselves are displayed with different colors one another on the display unit display 4.

As a result, it becomes possible to clearly recognize visually the whole nerve pathway

diagram and the respective responsible associated nerve pathways.

The system of the present invention <u>further</u> comprises further a responsible <u>an</u>

associated lesion estimation/indication unit estimation and indication part 7 which pre-

sumes calculates a position of a responsible each of associated lesion lesions and indi-

cating the associated lesions in the whole nerve pathway diagram on the basis of the re-

sponsible associated nerve pathway pathways displayed drew on the display unit display

4 by means of the responsible the associated nerve pathway indication unit part 6, and

displays the presumed responsible lesion in the whole nerve pathway diagram.

The responsible associated lesion estimation/indication unit estimation and in-

dication part 7 is adapted to detect detects a region where responsible associated nerve

pathways displayed on the display unit display 4 intersect with each other and a region

where responsible associated nerve pathways approach one another with the closest re-

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lation, each other at closest distance, and presume presumes the detected region regions detected to be a responsible an associated lesion lesions thereby so as to display the associated lesion lesions in the whole nerve pathway diagram of the display unit display 4 in the central topical nerve diagnosis mode. Moreover, the responsible associated lesion estimation/indication unit estimation and indication part 7 is adapted to detect detects a region where responsible associated nerve pathways displayed on the display unit display 4 overlap with each other at the highest degree, and presume the detected region detected to be a responsible an associated lesion thereby so as to display the associated lesion in the whole nerve pathway diagram of the display unit display 4 in the peripheral topical nerve diagnosis mode. It is preferred that such responsible associated lesion is lesions are displayed on the display unit display 4 with a different color from those of the whole nerve pathway diagram and the responsible associated nerve pathways.

Furthermore, the system of the present invention includes a third responsible associated lesion estimation/indication unit estimation and indication part 15 which excludes a responsible removes an associated nerve pathway part corresponding to nerve fascicles for connecting connecting a muscle which is related to data of a finding data (electromyogram data) of which is to be a normal finding inputted through the data input screen page shown in Fig. 27 with the relevant associated spinal roots, the finding data being input from the data input screen page shown in Fig. 27, from the responsible associated nerve pathways displayed drew in the whole nerve pathway diagram of on the display unit display 4 by means of the responsible the associated lesion estimation/indication unit estimation and indication part 7 in the case when data of a normal finding or an abnormal finding is received by the nerve finding data input unit inputted

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through the first input part 2 with respect to an electromyogram of respective muscles relating related to the responsible associated nerve pathways in a peripheral topical nerve diagnosis mode.

The system of the present invention <u>further</u> includes <u>further a nerve pathway cut</u> surface data recording unit a second data recording part 8 for storing data of <u>cut surfaces</u> of <u>segments in a specified region regions</u> in the whole nerve pathway diagram. The data stored in <u>the nerve pathway cut surface data recording unit the second data recording part</u> 8 contains data of <u>respective relevant names of nerve nuclei</u> and positions of nerve nuclei thereof in the cut surfaces, <u>data of relevant connection relations in the respective of the nerve nuclei</u>, and data of curves of <u>and straight lines representing nerve fascicles for connecting relevant which connect nerve nuclei with each other in every cut surfaces.</u>

Moreover, the system of the present invention is provided with a cut surface display region selection data input unit second input part 9 for receiving selection input data of selection as to input in a specified region which shall display a cut surface of which region in the whole nerve pathway diagram is to be indicated displayed on the display unit display 4, and a second responsible nerve pathway data extraction unit part data extraction part 10 for extracting data for drawing responsible associated nerve pathways relating related to abnormal neural finding findings items which are to be abnormal findings on in a cut surface in a relevant of a specified region from the data stored in the nerve pathway cut surface data recording unit second data recording part 8 on the basis of the data received by the cut surface display region selection data input unit inputted through the second input part 9 and the data received by the finding data input unit inputted through the first input part.

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The second responsible nerve pathway data extraction unit data extraction part

10 is adapted to extract extracts from the data of the cut surfaces stored in the second

data recording part 8, data of relevant names of associated nerve nuclei and positions of

nerve nuclei thereof in the cut surfaces, relevant data of connection relations in the re
spective of the associated nerve nuclei, and data of curves of and straight lines representing nerve fascicles for connecting relevant which connect nerve nuclei with each

other from the data of the relevant cut surfaces stored in the nerve pathway cut surface

data recording unit 8 in every neural finding items which exhibit abnormal findings.

The system of the present invention is further provided with a nerve pathway cut surface indication unit part 12 which extracts relevant data of cut surfaces from the data stored in the nerve pathway cut surface data recording unit second data recording part 8 based on the data received by the cut surface display region selection data input unit inputted through the second input part 9 to display relevant cut surfaces, and a second responsible associated nerve pathway indication unit part 11 which displays responsible draws associated nerve pathways in a nerve pathway cut surface displayed by the nerve pathway cut surface indication unit part 12 based on the data extracted by the second responsible nerve pathway data extraction unit data extraction part 10.

In this case, it is preferred that nerve pathway cut surfaces and responsible each of associated nerve pathways as well as different responsible nerve pathways one another are displayed with different colors on the display unit display 4, whereby it becomes possible to clearly recognize visually the whole nerve pathway diagram and respective responsible associated nerve pathways.

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The system of the present invention includes a second responsible associated lesion estimation/indication unit estimation and indication part 13 for presuming calculating a position of a responsible each of an associated lesion lesions in relevant cut surfaces on the basis of a responsible an associated nerve pathway pathways displayed drew on the display unit display 4 by means of the second responsible associated nerve pathway indication unit part 11 thereby so as to display the responsible associated lesion lesions presumed in the cut surface.

The second responsible associated lesion estimation/indication unit_estimation and indication part 13 is adapted to detect detects a region where responsible associated nerve pathways displayed on the display unit display 4 intersect with each other and a region where responsible associated nerve pathways approach one another in the closest relation each other at closest distance, and presume the detected region regions detected to be a responsible an associated lesion lesions thereby so as to display the responsible associated lesion lesions in the cut surface. In this case, it is preferred that such responsible associated lesion lesions is are displayed on the display unit display 4 with a different color from those of the nerve pathway cut surface and the responsible associated nerve pathways.

Moreover, the system of the present invention is provided with a screen page switchover unit part 14 for switching over a screen page of between a screen page of a whole nerve pathway diagram on the display unit 4 to and a screen page of a cut surface in a specified region of the whole nerve pathway diagram in a central topical nerve diagnosis mode.

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In the following, the operations operation of the topical nerve diagnostic system will be described. First, a case where the system according to the present invention is operated in a central topical nerve diagnosis mode will be described.

For instance, it is supposed that there are observed (1) right side paralysis (paralysis of right limbs), (2) left peripheral facial paralysis, (3) abduction disorder of left eye (paralysis of abducent nerve), (4) sthenia of tendon reflex in right limbs, and (5) Babinski reflex as a result of neural finding findings with respect to a patient.

In this case, "yes" is input to the right side of human body finding a right side data input column in a neural finding item—"upper limb motor paralysis" as shown in Fig. 2 in a data input screen page displayed on the display unit display 4 of the system according to the present invention. At this moment, a screen page shown in Fig. 9 is displayed on the display unit display 4, and the responsible associated nerve pathway 31 relating to an abnormal finding of "upper limb motor paralysis" on the right side of human body is displayed in the whole nerve pathway diagram of the display unit display 4. Next, "yes" is input to the right side of human body finding a right side data input column in a neural finding item—"lower limb motor paralysis" as shown in Fig. 3 in a data input screen page. At this moment, a screen page shown in Fig. 10 is displayed on the display unit display 4, and the responsible associated nerve pathway 32 relating to an abnormal finding of "lower limb motor paralysis" on the right side of human body is additionally displayed in the whole nerve pathway diagram.

Then, "yes" is input to the left side of human body finding a right side data input column in a neural finding item-"upper facial paralysis" as shown in Fig. 4 in a data input screen page. At this moment, a screen page shown in Fig. 11 is displayed on the

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display unit display 4, and the responsible associated nerve pathway 33 relating to an abnormal finding of "upper facial paralysis" on the left side of human body is additionally displayed in the whole nerve pathway diagram. Next, "yes" is input to the left side of human body finding a left side data input column in a neural finding item "exterior oculomotor restriction no" as shown in Fig. 5 in a data input screen page. At this moment, a screen page shown in Fig. 12 is displayed on the display unit display 4, and the responsible associated nerve pathway 34 relating to an abnormal finding of "exterior oculomotor restriction no" on the left side of human body is additionally displayed in the whole nerve pathway diagram.

Thereafter, "yes" is input to the right side of human body finding a right side data input column in a neural finding item "upper limb tendon reflex acceleration no" as shown in Fig. 6 in a data input screen page. At this moment, a screen page shown in Fig. 13 is displayed on the display unit display 4, and the responsible associated nerve pathway 35 relating to an abnormal finding of "upper limb tendon reflex acceleration no" on the right side of human body is additionally displayed in the whole nerve pathway diagram (a part of the responsible associated nerve pathway 31 is thickened in this case). Then, "yes" is input to the right side of human body finding a right side data input column in a neural finding item "lower limb tendon reflex acceleration no" as shown in Fig. 7 in a data input screen page. At this moment, a screen page shown in Fig. 14 is displayed on the display unit display 4, and the responsible associated nerve pathway 36 relating to an abnormal finding of "lower limb tendon reflex acceleration no" on the right side of human body is additionally displayed in the whole nerve pathway diagram (a part of the responsible associated nerve pathway 32 is thickened in this case). Moreover, "yes" is input to the right side of human body finding a right side

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data input column in a neural finding item "Babinski reflex" as shown in Fig. 8 in a data input screen page. At this moment, a screen page shown in Fig. 15 is displayed on the display unit display 4, and the responsibl associated nerve pathway 37 relating to an abnormal finding of "Babinski reflex" on the right side of human body is additionally displayed in the whole nerve pathway diagram (a part of the responsible associated nerve pathway 36 is thickened in this case).

When inputs for input of neural findings finding items are is completed with respect to a patient, a responsible an associated lesion is presumed on the basis of the responsible associated nerve pathways 32 to 37 (see Fig. 15) displayed on the display unit display 4, and the result is displayed in the whole nerve pathway diagram. In ease of the present embodiment, a substantially central area at the lower part of a left brainstem is detected as a region where the responsible associated nerve pathways 32 to 37 are in the closest positions one another approach each other at closest distance, so that the region is presumed to be a responsible an associated lesion, and it is displayed in the whole nerve pathway diagram. This is a brainstem abdominal side syndrome (Millard-Gubler syndrome) observed frequently as one of cerebral infarctions in brainstem. This affection is an important brainstem infarction syndrome as a so-called "alternating hemiplegia" in view of neurology, which exhibits such a situation where a side of paralysis in superior and inferior limbs is reverse with respect to that of facial paralysis, so that it is requested to understand complicated nerve pathways from the viewpoint of diagnosis.

In the whole nerve pathway diagram shown in Fig. 15, when a button for displaying a cut surface in a brainstem area is clicked, the cut surface of the brainstem area

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is displayed on the <u>display unit display</u> 4, and <u>a responsible an associated</u> lesion 38 is also shown in the cut surface as shown in Fig. 16.

Thus, according to a topical nerve diagnostic system of the present invention, when only data of normal or abnormal finding data is findings are input in every neural finding items, a relevant responsible associated nerve pathway is pathways are displayed automatically together with a whole nerve pathway diagram, whereby a responsible associated lesions are lesion is automatically displayed with respect to a neural disease of a patient. Accordingly, a medical physician can give rapidly and correctly a diagnosis, which is not, made in accordance with physician's experience and gut feeling as in a conventional diagnosis.

Although it is a rare case, such There arises a rare case where a presumed responsible associated lesions are legion is displayed on the display unit display 4 as a lump containing not only an actual responsible associated nerve pathway pathways, but also [[a]] normal nerve pathway, pathways which is are not a responsible an associated nerve pathway, is supposed. In this case, all the neural findings corresponding to such responsible the associated nerve pathways passing through the presumption detected lesions lesion are made to be displayed on the display unit display 4 based on the data stored in the whole nerve pathway diagram data recording unit first data recording part 1, the respective abnormal findings displayed are reviewed, required additional inspections are implemented, so that whereby operations for eliminating nerve pathways in which no abnormal related to normal findings finding is observed in reality are repeatedly carried out so as to narrow down a responsible the number of the associated lesions legion presumed, whereby so that it becomes possible to presume the responsible associated lesion at a higher precision.

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In the following, the system according to the present invention will be described with respect to the case where the system is operated in a peripheral topical nerve diagnosis mode. For instance, it is supposed that a decrease in <u>muscle-force muscle</u> strength is observed with respect to bending of an ancon articulation and stretching of a hand articulation as a result of empty-handed <u>muscle-force muscle strength</u> test as a neural finding of a motor nerve system as to a patient, and a perception disorder is observed in the skin area 81 shown in Fig. 29 as a neural finding of a sensory nerve system.

In the above case, "yes" is input to a finding data input column of "decrease in muscle force muscle strength" of a finding item "bending movement" as to "ancon articulation" and at the same time, "yes" is input to a finding data input column of "decrease in muscle force muscle strength" of a finding item "stretching movement" as to "hand articulation". Furthermore, the skin area 81 is specified by a pointing device in the data input screen page in Fig. 28, and a name and a position are input in the skin area.

At this moment, a screen page shown in Fig. 29 is displayed on the display unit display 4, and a responsible an associated nerve pathway 90 concerning related to abnormal finding of a bending movement in an ancon articulation and abnormal finding of perception disorder in the skin area 81 are displayed in the whole nerve pathway diagram of the display unit display 4. In Fig. 29, the reference numerals a to q designate muscles or skin areas relating to questioned abnormal findings wherein a represents deltoideus muscle, b represents teres minor muscle, c represents long head of triceps muscle of the arm, d represents lateral head of triceps muscle of the arm, e represents musculi anconeus, f represents musculi brachioradialis, g represents musculi extensor

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carpi radialis longus, h represents musculi extensor carpi radialis brevis, i represents musculi spinator, i represents musculi extensor carpi ulnaris, k represents musculi extensor digitorum, I represents musculi extensor digiti minimi, m represents musculi abductor pollicis longus, n represents musculi extensor pollicis longus, o represents musculi extensor pollicis brevis, p represents musculi extensor indicis, and q represents radial nerve skin perception branch. Furthermore, A and B designate spinal roots relating to questioned abnormal findings, respectively, and S designates spinal cord. In the circumstances, the muscles and skin areas a to q are connected with relevant spinal roots A and B through nerve fascicles, respectively.

When input of neural findings finding item input is completed with respect to a patient, a responsible an associated lesion is presumed detected on the basis of the responsible associated nerve pathway 90 displayed on the display unit display 4, whereby the responsible associated lesion is displayed in the whole nerve pathway diagram. In ease of the present embodiment, an area extending from a skin area 91 to the musculi brachioradialis is detected as an area where responsible associated nerve pathways overlap the most frequently with each other, so that it is presumed to be a responsible an associated lesion, and it is displayed in the whole nerve pathway diagram.

In order to presume more precisely the responsible associated lesion, a finding due to an electromyogram is added. In this case, "yes" or "no" as to abnormality in the electromyogram is input to the electromyogram finding data input column 72 in a data input screen page (see Fig. 27) displayed on the display unit display 4. Now, for instance, it is supposed with reference to Fig. 30 that normal findings in the electromyogram are observed in an extent from the reference character a (deltoideus muscle) to the reference character e (musculi anconeus) in a direction from the spinal cord S to a

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peripheral region, but an abnormal finding in the electromyogram is observed at the reference character f (musculi brachioradialis). In this case, in Fig. 30, a responsible an associated nerve pathway part for connecting spinal roots A and B relating to the a (deltoideus muscle) to the e (musculi anconeus) is removed from the responsible associated nerve pathway 90 displayed in the whole nerve pathway diagram. Then, an area 92 is detected in the remaining part as a region 92 where responsible associated nerve pathways overlap the most frequently with each other, so that it is presumed to be a responsible an associated lesion, and it is displayed in the whole nerve pathway diagram.

The above-mentioned embodiment relates to a system wherein a responsible an associated nerve pathway is displayed by utilizing a computer in a whole nerve pathway diagram or a nerve pathway cut surface from a neural finding with respect to a patient. In this respect, a responsible an associated nerve pathway is the same as an anatomical functional pathway of a whole nerve pathway containing motor and perception pathways, after all. Accordingly, the present invention is also applicable for learning of neuroanatomy.

Fig. 17 is a block diagram illustrating a neuroanatomy learning system according an embodiment of the present invention. The neuroanatomy learning system of the present invention utilizes a computer and, as shown in Fig. 17, which is provided with a nerve pathway cut surface data recording unit second data recording part 40 for recording data of cut surfaces in at least one region of cerebrum and mesencephalon, at least one region of pons, at least one region of medulla oblongata, and at least one region of spinal cord, respectively, in a whole pathway diagram, a display unit display 41, and a nerve pathway cut surface indication unit part 42 for displaying cut surfaces of at least one region of the cerebrum and the mesencephalon, at least one region of the pons,

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at least one region of the medulla oblongata, at least one region of the medulla oblongata, and at least one region of the spinal cord, respectively, in this order based on the data stored in the nerve pathway cut surface data recording unit second data recording part 40.

In the present embodiment, at least one region of the mesencephalon consists of the upper part of the mesencephalon and the lower part of the mesencephalon, at least one region of the pons consists of the upper, the middle, and the lower parts of the pons, at least one region of the medulla oblongata consists of the upper part, the upper-middle part, the middle, the middle-lower part, and the lower part of the medulla oblongata, and at least one region of the spinal cord consists of a cervical segment, a thoracic segment, and a lumbar segment.

The data stored in the nerve pathway cut surface data recording unit second data recording part 40 contains data of relevant names and positions of nerve nuclei in the cut surfaces, relevant connection relations in the nerve nuclei, and data of curves or straight lines representing nerve fascicles for connecting relevant nerve nuclei with each other, and names of relevant nerve pathway and positions in the cut surfaces in every cut surfaces.

The system of the present invention is further provided with a nerve pathway selection data input unit part 43 for receiving selection data of nerve pathways to be displayed on the display unit display. Fig. 18 illustrates a nerve pathway selection data input screen page displayed on the display unit display 41 by means of the nerve pathway selection data input unit part 43. As shown in Fig. 18, the nerve pathway selection data input screen page includes a sympathetic nerve pathway display button 50, a

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visual sense pathway display button 51, an acoustic sense pathway display button 52, a motor nerve (cone) pathway display button 53, and a perception pathway display button 54 wherein when a desired button is pressed by means of a pointing device such as a mouse, a nerve pathway to be displayed is selected.

The system of the present invention is further provided with a nerve pathway data extraction unit part 44 for extracting data for drawing relevant nerve pathway from the data stored in the nerve pathway cut surface data recording unit second data recording part 40 based on the data received by the nerve pathway selection data input unit part 43 in every nerve pathway cut surfaces, and a nerve pathway indication unit part 45 for displaying relevant nerve pathways in a nerve pathway cut surface displayed by the nerve pathway cut surface indication unit part 42 based on the data extracted by the nerve pathway data extraction unit part 44.

Figs. 19 through 25 are a series of nerve pathway cut surface diagrams which are displayed together on the <u>display unit display</u> in the case when the motor nerve pathway display button 53 is pressed to select a motor nerve pathway in the nerve pathway selection data input screen page of Fig. 18.

Fig. 19 shows a cerebrum coronary cut surface, and Fig. 20 shows a mesencephalon upper part cut surface following to the underside of the cerebrum coronary cut surface of Fig. 19, and a mesencephalon lower part cut surface following to the underside thereof. Fig. 21 shows a pons upper part cut surface following to the underside of the mesencephalon lower part cut surface of Fig. 20, and a pons middle part cut surface following to the underside thereof, and Fig. 22 shows a pons lower part cut surface following to the underside of the pons middle part cut surface of Fig. 21, and a medulla

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oblongata upper part cut surface following to the underside thereof. Fig. 23 shows a medulla oblongata upper-middle part cut surface following to the underside of the medulla oblongata upper part cut surface of Fig. 22, and a medulla oblongata middle part cut surface following to the underside thereof, and Fig. 24 shows a medulla oblongata middle-lower part cut surface following to the underside of the medulla oblongata middle part cut surface of Fig. 23, and a medulla oblongata lower part cut surface following to the underside thereof. Fig. 25 shows a cervical segment cut surface following to the medulla oblongata lower part cut surface following to the underside thereof, and a lumbar segment cut surface following to the underside thereof.

As shown in Figs. 19 through 25, the motor nerve pathway 20 is displayed in a series of nerve pathway cut surface.

Furthermore, the system of the present invention is provided with a nerve pathway cut surface selection data input unit part 46 for receiving selection data input for a nerve pathway cut surface which is intended to individually display among the nerve pathway cut surfaces displayed on the display unit display 41 by means of the nerve pathway cut surface indication unit part 42, an individual nerve pathway cut surface data extraction unit part 47 for extracting data for drawing a relevant nerve pathway cut surface from the data stored in the nerve pathway cut surface data recording unit second data recording part 40 based on the data received by the nerve pathway cut surface selection data input unit part 46, an individual nerve pathway cut surface indication unit part 48 for displaying a relevant nerve pathway cut surface on the display unit display 41 based on the data extracted by the individual nerve pathway cut surface data extraction unit part 47, and a nerve pathway-nerve nucleus name indication unit part 49 for

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displaying a name of a nerve pathway or a nerve nucleus which is selected in the nerve

pathway cut surface displayed on the display unit display 41 by means of the individual

nerve pathway cut surface indication unit part 48.

When, for instance, a series of nerve pathway cut surfaces are displayed on the

display unit display 41 and any of the cut surfaces is double-clicked by means of a

pointing device such as a mouse, selection data for the cut surface selected is input to

the nerve pathway cut surface selection data input unit part 46.

Now, when the medulla oblongata upper-middle part cut surface on the upper

side in Fig. 23 is selected, the medulla oblongata upper-middle part cut surface is dis-

played in an enlarged manner on the display unit display 41 as shown in Fig. 26 by

means of the individual nerve pathway cut surface indication unit part 48. On the page

screen shown in Fig. 26, when, for embodiment, a position of a region 61 is specified by

a pointing device such as a mouse, a name of a corresponding nerve pathway or name of

nerve nucleus is displayed in a window 62, and in this figure, a name of nerve nucleus

"olive nucleus" is displayed in the window 62 by means of the nerve pathway-nerve nu-

cleus name indication unit part 49.

INDUSTRIAL APPLICABILITY

According to the present invention, when a medical physician inputs only data

of a normal-finding or an abnormal finding neural findings to a topical nerve diagnostic

system in every neural finding items, relevant responsible associated nerve pathways

are automatically displayed on a display of a computer together with a whole nerve

pathway diagram, so that a responsible an associated lesion with respect to a neural dis-

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order of a patient is automatically displayed. Thus, the medical physician can give a rapid and correct diagnosis in case of topical nerve diagnosis without relying upon own experience and gut feeling unlike in a conventional manner. Therefore, the present invention contributes remarkably to medical equipment affiliated industries as a kind of

diagnosis support system in a topical nerve diagnosis.

Moreover, according to the present invention, a medical student can learn visually positions and mutual physical relationships in a whole nerve pathway diagram of respective nerve pathways in human body, besides positions and names of nerve pathways and nerve nuclei belonging to nerve pathway cut surfaces in every cut surfaces thereof by observing cut surfaces and nerve pathways in a specified region in the whole nerve pathway diagrams displayed sequentially on a display of a computer as well as watching individual enlarged diagrams of the cut surfaces displayed on the display. As a result, the medical student can understand easily and memorize efficiently nerve pathway diagrams and nerve cut surfaces in neuroanatomy. Therefore, the present invention contributes significantly to medical educational material affiliated industries as

an assisting means for medical education relating to neuroanatomy.